

PREPARED FOR: Kilby Correctional Facility

-- PROFILE MATCHES AND SCORES --

Scale	Client Profile	Highest Scale Codetype	Best Fit Codetype

Codetype match:		8-9/9-8	8-9/9-8 (6)
Coefficient of Fit:		.85	.87
Scores:			
? (raw)	197		
L	65	48	49
F	64	87	93
K	41	39	38
Hs (1)	68	60	57
D (2)	57	56	52
Hy (3)	66	53	49
Pd (4)	62	64	61
Mf (5)	66	52	52
Pa (6)	79	67	74
Pt (7)	79	66	63
Sc (8)	86	81	81
Ma (9)	85	84	86
Si (0)	64	53	51

Mean Clinical Elevation:	72	66	65

Ave age-males:		29	27
Ave age-females:		33	33

% of male codetypes:		2.6%	1.1%
% of female codetypes:		2.4%	1.1%

% of males within codetype:		69.6%	67.8%
% of females within codetype:		30.4%	32.2%

Configural clinical scale interpretation is provided in the report for the following codetype(s):

8-9/9-8

-- CONFIGURAL VALIDITY SCALE INTERPRETATION --

This validity scale configuration is usually obtained by individuals who are naive and unsophisticated, but are trying to underreport psychopathology. Individuals who obtain this configuration usually have limited education and come from lower socioeconomic classes. Elevations on Scales 1, 2, and 3 are to be expected. These individuals are usually poor candidates for psychological interventions.

This configural interpretation should be the primary source of interpretive hypotheses for the L, F, and K validity scales. Individual validity scale hypotheses, however, are also presented in the following section.

-- VALIDITY SCALES --

? (raw) = 197

This profile is very likely invalid and probably should not be interpreted because the number of unanswered items is greater than 30.

L T = 65

L scores in this range are suggestive of individuals who may be defensive, lack insight, and be slightly more conforming and moralistic than usual. They may have a tendency to repress or deny problems and unfavorable traits.

F T = 64

F scores in this range are considered to be moderately elevated and suggest the possibility of significant psychological and emotional problems. Individuals who obtain scores in this range are likely to be described as moody, changeable, dissatisfied, opinionated, restless, unstable, and self-critical.

K T = 41

Scores in this range indicate limited personal resources and open acknowledgment of significant psychological distress. These individuals are likely to have a relatively poor self-concept, to be strongly dissatisfied with themselves but lacking the skills necessary to change their situation, to be self-critical, and/or to be extremely open and revealing. Scores in this range may also reflect low ego strength, a lack of insight into one's self-motivation and behavior, and ineffectiveness in dealing with the problems of daily life. Prognosis for psychological intervention is usually guarded.

-- CONFIGURAL CLINICAL SCALE INTERPRETATION --

8-9/9-8 Codetype (High Match)

Clinical Presentation:

These individuals exhibit serious psychopathology. They often are first seen in an acute state of hyperactivity, excitement, confusion, and disorientation. They are likely to be emotionally labile, demanding, hostile, irritable, evasive, suspicious, and distrustful. They may have difficulty concentrating and thinking clearly. Their thinking may be autistic, retarded, and circumstantial, and they may exhibit evidence of delusions and hallucinations. A mood disorder with psychotic features should be ruled out.

Their behavior may be unpredictable and they may act out unexpectedly. Their judgment and reality testing may be quite poor. They may also have poor sexual adjustment. In response to stress, these individuals are likely to become more disorganized and agitated and/or engage in more daydreaming and fantasy. They are very prone to abuse substances.

~~These individuals often have a high need for achievement although the disorganized quality of their life often leads to poor accomplishment of their goals, giving rise to blame and self-condemnation. They also often have a high need for attention and become resentful and angry when their demands for attention are not met.~~

Although these individuals may exaggerate their self-worth and appear boastful and egocentric, their self-concept is actually quite poor and they often feel inferior and inadequate.

These individuals are fearful of relating to others; consequently, close relationships are usually lacking. When present, they are often marked by distrust, suspicion, and anger.

Treatment:

The prognosis is generally poor; however, psychopharmacologic intervention may be helpful in reducing agitation. The difficulties these individuals experience in focusing on specific issues and their fear of relating to others often precludes good therapeutic contact and outcome.

Possible Diagnoses:

- Axis I - Rule Out Mood Disorders
Manic Episode
Hypomanic Episode
Rule Out Schizoaffective Disorder
- Axis II - Rule Out Borderline Personality Disorder
Rule Out Schizotypal Personality Disorder

-- CLINICAL SCALES --

Hs (1) T = 68

Scores in this range are frequently obtained by individuals who are expressing excessive concern about the functioning of their bodies and are endorsing multiple vague somatic complaints. These individuals are typically self-centered, dissatisfied, demanding of attention, complaining, and generally negative and pessimistic. They may use their somatic complaints to control and manipulate others. The prognosis for either psychological or medical intervention is guarded. Conservative medical treatment is usually recommended. These individuals are highly skilled in frustrating and sabotaging the help of others and will often "shop" for physicians and/or therapists. Exceptions are individuals with multiple bonafide physical disorders of both chronic and acute nature.

D (2) T = 57

Scores in this range are considered to be within normal limits.

Hy (3) T = 66

Scores in this range are frequently obtained by individuals who develop physical complaints in response to stress and may use their complaints to avoid responsibility. These individuals are often naive, immature, self-centered, and deny any psychological problems. They lack insight concerning the causes of their symptoms and their own motives and feelings. They are frequently very demanding of affection and support, and may use indirect and manipulative means to get attention and affection. Their social relationships are often superficial and immature. They are resistant to psychological interpretations and treatment, and any form of psychological intervention will be difficult. These individuals often look for simplistic, concrete solutions to their problems -- solutions that do not require self-examination. Individuals who obtain elevated scores on this scale are unlikely to be seen as psychotic.

Pd (4) T = 62

Scores in this range are often obtained by individuals who are sincerely concerned about social problems and issues or are responding to situational conflict or crisis. Scores in this range are common among adolescents and may be reflective of their striving for independence.

Mf (5) T = 66

Scores in this range are typically obtained by males who have an interest in aesthetics and may be rather passive. This is the typical range for most college-educated males in the liberal arts. Elevations in this range are sometimes associated with acute neurotic conflicts marked by passivity and inability to find acceptable solutions to situational problems.

Pa (6) T = 79

Scores in this range are frequently obtained by 1) individuals who are suspicious, hostile, and feel as if they are being mistreated, or by 2) individuals who are hypersensitive to the reactions of others. The Dominance (Do) Scale is helpful in distinguishing between these groups of individuals -- high Do scores indicating the first group and low Do scores indicating the second group. Individuals in both groups will often blame others for their difficulties. The first group of individuals may manifest psychotic behavior and a thought disorder may be readily apparent. Ideas of reference and delusions of persecution also may be present.

Pt (7) T = 79

Scores in this range are typically obtained by individuals who are worried, anxious, tense, and experiencing emotional discomfort. They may experience irrational fears and typically ruminate about their problems. Disabling guilt feelings may be present. Agitation may develop. These individuals worry excessively and may have problems in concentration. Obsessions and compulsions are common.

Sc (8) T = 86

Scores in this range are suggestive of serious psychopathology including confused thinking, distorted perceptions and other psychotic processes. Difficulties in logic and concentration, impaired judgment, and the presence of a thought disorder should be evaluated. Be sure that measures of consistency and accuracy of item endorsement are within acceptable ranges.

Ma (9) T = 85

Scores in this range typically are obtained by individuals who are described as overactive, have difficulties in concentrating and attending, and find it difficult to relax. They often are quite creative people who start many projects but find it difficult to see them through to completion. As the elevation on this scale increases, there is the increasing probability that the individual is likely to be seen as emotionally labile, impulsive, experiencing flight of ideas, restless, and exhibiting manic features. They may also exhibit maladaptive hyperactivity, grandiosity, verbosity, irritability, unpredictability, and insufficient inhibitory capacities.

Si (0) T = 64

Scores in this range usually are obtained by individuals who prefer to be alone or with a small group of friends. They are likely to be reserved in new social situations.

-- ADDITIONAL SCALES --

No additional scales were selected for interpretation by the user.

END OF REPORT

PSYCHOLOGICAL INTERVIEW / DATA ENTRY FORM

Name: Bryant, Gwendolyn AIS #: 203921 R/S Bom
 Date: 3/22/00 DOB: [REDACTED] AGE: 18
 Beta-II 72A WAIS 1 WRAT-RL -30 Last School Grade Completed 9
 MMPI Welsh Code 19/67/3504-2/L-F-14 Megargee Type [REDACTED]

General Appearance

- 2 a. Neat and generally appropriate _____ c. Flat or avoiding interaction
 _____ b. Poorly groomed _____ d. Sad or worried
 _____ e. Other _____

I. Interpersonal Functioning

- 2 a. Normal-good relationships likely _____ d. Lacks skill or confidence
 _____ b. Withdrawn / apparent loner _____ e. Probably difficult to get along with
 _____ c. Likely to ignore rights / needs *Other (Specify) _____ 1. _____ 2.
 _____ 3. _____ 4. _____ 5. _____ 6. (See Copy) _____

II. Personality

- _____ a. Healthy _____ d. Explosive
2 b. Antisocial _____ e. Dependent
 _____ c. Paranoid _____ f. Passive-Aggressive
 Other (Specify): _____ 1. Schizoid _____ 2. Schizotypal _____ 3. Histrionic _____ 4. Narcissistic
 _____ 5. Borderline _____ 6. Avoidant _____ 7. Compulsive _____ 8. Atypical/mixed

_____ 9. See Copy (Write in your wording) Multiple Gun Conv. 1st arrest
and 12. Arrest on drug violence

III. Substance Abuse

- _____ a. Alcohol addiction / abuse history No regular use
 _____ b. Drug addiction / abuse history No use

GW

N-259

White to Central Records File
 Yellow to Institutional File
 Pink to Hospital Records

*See manual for selections and numbers for "other"

Psychological Interview / Data Ent., Form
Page Two

- _____ c. Current use _____
- _____ d. Current addiction _____
- *Other _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____
- _____ 9. (See Copy) _____

IV. Emotional Status

- _____ a. No significant problems
- _____ b. Depressed _____
- _____ c. Anxious or stressful _____
- _____ d. Angry or resentful _____
- _____ e. Confusion or psychotic symptoms _____
- _____ f. Mood disturbances _____
- _____ g. Sexual maladjustment _____
- _____ h. Paranoid ideation _____
- _____ i. Sleep / appetite disorder _____
- *Other _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. ☒ 7. _____ 8. _____
- _____ 9. (See Copy) _____

V. Mental Deficiency

- _____ a. Mild
- _____ b. Moderate
- _____ c. Severe
- ☒ d. Borderline
- _____ e. Organic impairment suspected
- _____ f. Memory deficit

Remarks: _____

Psychological Interview / Data Entry Form
Page Three

VI. Management Problems Ideation _____

_____ a. Suicide potential Plans _____

History of attempts / gestures None

_____ b. Serious mental history (specify) _____

_____ c. Impulsive / acting-out behaviors predicted _____

_____ d. Authority conflict _____

_____ e. Manipulative / untrustworthy _____

☒ f. Easily victimized Small, build,

_____ g. Escape potential _____

☒ h. Assaultiveness looked up / was in Montgomery Adzid
and only one person

*Other _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. (See Copy)

VII. Educational Needs

☒ a. ABE _____ b. Special Education _____ ☒ c. Trade School _____ d. Jr. College _____

VIII. Mental Health Needs

Date referred Month _____ Year _____

_____ A. Refer to psychiatric service _____ C. Depression _____ K. Personal Development

_____ B. Substance abuse counseling _____ E. Sexual adjustment

_____ D. Stress management _____ G. Anger induced acting out GN

_____ F. Reality therapy _____ I. Self-concept enhancement

_____ H. Values clarification _____ J. Healthy use of leisure

RECOMMENDATIONS / REMARKS:

1st follow up / 2nd follow up

2nd follow up / 3rd follow up

for ABE /

my advice

Signature

Date

Referral to Mental Health

Inmate Name: Boyd, Courtney ID #: 208921 Location: B'66 DOB: [REDACTED]

Reason for Referral

☐ Crisis Intervention

☐ Family problems:

☐ Problems with peers:

☐ Recent stress:

☒ Other: CRNP Request

☐ Evaluation of Mental Condition

☐ Suicidal

☐ Homicidal

☐ Mutilative

☐ Hostile, angry

☐ Other inappropriate behavior

☐ Anxious

☐ Depressed

☐ Withdrawn

☐ Poor hygiene

☐ Physical complaints

☐ Sleep disturbance

☐ Hallucinations/delusions

☐ Suspicious

☐ Impassivity

☐ Grandiosity

☐ Hyperactivity

☐ Evaluation of Need for Psychiatric Intervention

☐ History of Psychotropic Medication prior to Intake

☐ Other

Comments:

Referred by: [Signature]

Department: NSG 2/25/07

Date:

Mental Health Follow-up: Evaluation / Treatment / Disposition

Seen + file reviewed

S: "I filed a lawsuit."

O: Several sick calls re heart disease, GI 5X.

Has had a lot of medical eval → no serious AXIS III Condition. Hence, referred to MH. Mental status unremarkable. No thought or affect disorder.

A: as 6-Jun '01. Code NONE

P: reassurance. Proactive RTC 5 wk

Follow-up by: [Signature]

Date: 4/8/03

Time:

Referral to Mental Health

INTERDISCIPLINARY PROGRESS NOTES

[illegible]

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Courtney Boyd	2089 21	20	B/m	Sharon

F-61

INTE. DISCIPLINARY PROGRESS NOT. :

DATE	TIME	NOTES	SIGNATURE
5/29	10:00	S Inmate had no real issues to address. O. appeared stable A. Malingering. P. To reassure inmate of his mental fitness and encourage positive thinking. Do Not Need Mental Health services at this time. Paul Phillips, PhD	
6/25/02	10:00AM	ON THIS DATE INMATE COURTNEY BOYD COMPLETED FOUR ONE HOUR GROUP SESSIONS DEALING WITH STRESS MANAGEMENT. INMATE BOYD EARNED A CERTIFICATE OF ATTENDANCE.	
7/19/02	9:00	S Individual was in session. Complained of being rejected by his family. Has not had a visit for several months. Is feeling sad but putting on a coping front. O. Inmate smiled, looked pale (in summer) A. Mood Disorder (Depression) P. To encourage verbalization of mood	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Courtney Boyd	208921	20	3/m	Sharon

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
02/28/07	10:00	<p>3. Inmate requested to talk about his stress level. He talked about his work release status, talked about finances and about his health.</p> <p>O he was very talkative, and seeking</p> <p>A. mild symptoms of anxiety</p> <p>P. To allow inmate to talk out his anxiety, and reduce his anxiety.</p> <p>Paul Phillips, Ph.D.</p>	
4/2/07	9:00	<p>Inmate attended therapeutic group sessions 'communication'. He expressed his need due to the difficulty he has staying out of trouble and getting others angry with him.</p> <p>Paul Phillips Ph.D.</p>	
4/25	9:00	<p>Inmate attended group today, he was not as consistent as he would like because of other commitments. However, he has participated and did well.</p> <p>Paul Phillips Ph.D.</p>	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Courtney Boyd.	208921.	20	P/M	Stalton

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
10/25/01	9:00	Group session Brain stimulation session Included but was not limited to stimulating activities as word building first from three to five letter words. The inmates were encouraged to play "scrabble" and build as many words as possible. This was their first session and each member participated. Inmate Boyd, Courtney whose problem is poor focusing ability experienced same, he was redirected to focus on word building each time he wanted to talk about his problems.	Mark Phillips, Jr. D.

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Boyd, Courtney		18	B/M	Stetson



Referral to Mental Health

Inmate Name: <u>Boyd Courtney</u>	ID #: <u>208 921</u>	Location: <u>Stator</u>	DOB: <u>10 89 21</u>
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Reason for Referral

Crisis Intervention

- ☐ Family problems: _____
☐ Problems with peers: _____
☐ Recent stress: _____
☐ Other: _____

Evaluation of Mental Condition

- | | | | |
|--|------------------------------------|--|-------------------------------------|
| <input type="radio"/> Suicidal | <input type="radio"/> Anxious | <input type="radio"/> Physical complaints | <input type="radio"/> Impassivity |
| <input type="radio"/> Homicidal | <input type="radio"/> Depressed | <input type="radio"/> Sleep disturbance | <input type="radio"/> Grandiosity |
| <input type="radio"/> Mutilative | <input type="radio"/> Withdrawn | <input type="radio"/> Hallucinations/delusions | <input type="radio"/> Hyperactivity |
| <input type="radio"/> Hostile, angry | <input type="radio"/> Poor hygiene | <input type="radio"/> Suspicious | |
| <input type="radio"/> Other inappropriate behavior | | | |

Evaluation of Need for Psychiatric Intervention

History of Psychotropic Medication prior to Intake

Other: _____

Comments: Refer to Mental Health- Repeated Complaints of chest pain - clogged heart. No evidence of problems.

Referred by:	Department:	Date:
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Mental Health Follow-up: Evaluation / Treatment / Disposition

Inmate was seen 9/11/01. He talked about his family and stated that he is worried about his mother. He has not seen or heard from her for two years. Inmate was allowed to express his feelings. He was smiling when he left and would be seen as needed. No real signs of mental issues.

Dr. Phillip D. D.

Follow-up by:	Date:	Time:
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Referral to Mental Health

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
REFERRAL TO MENTAL HEALTH

STATION C.F.

(13-187)

Inmate Name: Courney Boyd AIS# 208921 Date of Referral: 8/22/01

REASON FOR REFERRAL: Please see establishing regular counseling if possible. Inmate is impulsive, immature and lacks structure

☐ CRISIS INTERVENTION

☐ Family problem: _____

☐ Problems with other inmates: _____

☐ Recent stress: _____

☐ Other: Difficulty in maintaining focus

☐ EVALUATION OF MENTAL STATUS - mildly

☐ Suicidal ☐ Anxious ☐ Physical complaints

☐ Homicidal ☐ Depressed ☐ Sleep disturbance

☐ Mutilative ☐ Withdrawn ☐ Hallucinations/delusions

☐ Hostile, angry ☐ Poor hygiene ☐ Suspicious

☐ Other inappropriate behavior: _____

☐ EVALUATION OF NEED FOR PSYCHIATRIC EVALUATION

☐ HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO RECEPTION/TRANSFER (None reported)

☐ OTHER: _____

COMMENTS: 19, 81m, serving 20yr. sentence for Robbery I (3/05 parole date) Borderline IQ, illiterate

Referred by: Paul D. Grimes Phone Contact #: 567-1564

☐ Referral for psychiatrist (referral has been screened by mental health or medical staff)

MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

Inmate seen, said that he can stay focus
he also said that there is no real reason to
continue follow up ~~with this inmate~~.
This inmate appears to be comfortable happy and would like just
to talk, might be homesick, no psychological problems at present.
Follow-Up by: Paul D. Grimes

Inmate Name	Date: <u>8/28/01</u> <u>1:30</u>
AIS #	

CORRECTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

Patient Name BOLD, Courtney I.D. # 208921 Institution DCC

DATE	TIME	NOTES	SIGNATURE
6 June 01		<p>Pt seen because of referral by medical staff because of constant reports to sub-cell with Emphorb shot his heart. Pt denies ever being seen by physician. Note indicate pt seen by physician in Feb and by nurse practitioner in May. Pt now denies any heart problems and any psychotic symptoms. Attent bright. Voluntary. Genuinely of everyone.</p> <p>Axis I: None</p> <p>Axis II: PD (para diagnosis)</p> <p>① No psychiatric treatment indicated.</p> <p>② Hold responsible for behavior.</p> <p>③ E/u PRH</p>	
9/22/01	2:00	<p>Inmate was seen in a small group session. No signs of depression. Group plan to work on activity therapy, working together as a group and individually, at time convenient to each member. Sessions will continue 8:30 AM Thursdays.</p> <p>Heard Phillips, Ph.D.</p>	

REFERRAL TO MENTAL HEALTH

INMATE NAME: <u>COURTNEY Boyd</u>		ID #: <u>208921</u>	LOCATION: <u>A2-2T</u>	DOB: <u>[REDACTED]</u>
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REASON FOR REFERRAL: Please assess re: mental status per request of Dept. Education. Orderly X IEP 6/12/01

() CRISIS INTERVENTION

- () Family problems: Loss of contact w/ mother
- () Problems with peers: Removal from ARB
- () Recent stress: Unrealistic goals for future
- () Other: (Child) Vague 90 @ muscle spasms

() EVALUATION OF MENTAL CONDITION

- () Suicidal
- () Homicidal
- () Murderative
- () Hostile, angry
- () Other inappropriate behavior
- () Anxious
- () Depressed
- () Withdrawn
- () Poor hygiene
- () Physical Complaints
- () Sleep Disturbance
- () Hallucinations/Delusions
- () Suspicious

() EVALUATION OF NEED FOR PSYCHIATRIC INTERVENTION

() HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO INTAKE (None reported)

() OTHER Some reported use of alcohol, marijuana

COMMENTS: 19, B/M, serving 20 yr sentence for Robbery 1
Borderline IQ, ASPD, functionally illiterate

Referred by: Glenn D. Gamm Department: Psych Date: 6/5/01

MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

Was seen 06/06/01
 by Dr. Bell. Copy
 sent to Mr. Binnis @ Station

Follow-up by:

Date:

Time:

KCF
 Institution

INMATE NAME: <u>Boyd, Courtney</u>		VITAL SIGNS	
TYPE OF ASSESSMENT: INITIAL <u> </u> OTHER <u> </u>		HT <u> </u> WT <u> </u> BP <u>118/70</u>	PULSE <u>76</u> RESP <u>20</u> TEMP <u>98.1</u>
FAMILY HISTORY: (F/FATHER, M/MOTHER, B/BROTHER, S/SISTER)		VISION (SNELLEN CHART)	
TB <u> </u> HEPATITIS <u> </u> HIV+ <u> </u> HYPERTENSION <u> </u>		Rt: <u> </u> with glasses <u> </u>	
CANCER <u> </u> ASTHMA <u> </u> EPILEPSY <u> </u> ANEMIA <u> </u>		Lt: <u> </u> with glasses <u> </u>	
KIDNEY DISEASE <u> </u> SICKLE CELL <u> </u> SEIZURES <u> </u>			
MENTAL ILLNESS <u> </u> DIABETES <u> </u> HEART DISEASE <u> </u>			
OTHER <u> </u>			
PHYSICAL ASSESSMENT			
Normal/Not Present Please	✓	Abnormal/Comment	FEMALES ONLY
SKIN: Color Condition Turgor Recent Injury Tattoos Scars	<u>WNL</u>		PELVIC EXAM: Pap Smear Gonorrhea Culture (Admission PE only)
HEAD: Hair Scalp (pediculi)	<u>*</u>	<u>1 inch scar (L) posterior</u>	IMMUNIZATION STATUS
EARS: Appearance Canals			Date last Tetanus: <u>3/20/00</u>
MOUTH: Throat Tongue Tonsils			Other <u> </u>
NOSE: Obstruction Drainage			TB SCREENING
NECK: Veins Mobility Thyroid Carotids Lymph nodes	<u>WNL</u> <u>34pph</u>		Current PPD: <u> </u> Date Given: <u>3/20/00</u> Results and Date: <u>3/20/00</u> PLEASE CIRCLE Follow-up scheduled: Not Indicated <u>Om</u> Yes
CHEST (BREASTS): Configuration Auscultation Respirations Cough/Sputum	<u>WNL</u> <u>EBBS</u> <u>clear</u> <u>WNL</u>		ORAL SCREENING
HEART: Auscultation Radial pulse Apical pulse Rhythm	<u>WNL</u> <u>rnr</u>		Pain/Discomfort: <u> </u> Condition of teeth: poor <u>fair</u> good <u>fair</u> Condition of gums: poor <u>healthy</u> False teeth: partial <u>plate</u> upper <u> </u> lower <u> </u> Oral Hygiene instructions given: <u> </u>
ABDOMEN: Shape Bowel Sounds Palpation Hernia	<u>WNL</u> <u>g/y</u> <u>SOF</u> <u>r/p</u>		REMARKS
SPINE	<u>✓</u>		<u>RPR 7 done</u> <u>Hiv</u>
NEUROLOGICAL: Reflexes	<u>WNL</u>		REFERRAL
GENITAL/URINARY: Lesions Discharge	<u>WNL</u>		
RECTAL EXAM: (For 40 yrs. old and older) Hemorrhoids Anal Warts Stool for Occult Blood + -	<u> </u>	<u>18 y/o BLK ♂</u>	Assessed by: <u>J. Kemp, MD</u> Date: <u>3-20-00</u> Time: <u>9m</u> Physician Review: <u> </u> Date: <u>3/22/00</u> Time: <u> </u>
EXTREMITIES: Pulses Edema Joints	<u>WNL</u>		

CORRECTIONAL MEDICAL SERVICES

MEDICAL HISTORY AND SCREENING

Institution

Inmate Name:

Boyd, Courtney

ID #:

208 931

Race:

B

D.O.B.:

[REDACTED]

INMATE QUESTIONNAIRE		(circle one)		CURRENT MEDICAL CONDITIONS (✓ terms that apply)		
1. Do you have a medical problem such as bleeding or injuries that requires immediate medical attention?	Yes	<input checked="" type="radio"/> No	Unconscious	<input checked="" type="checkbox"/>	Skin Infection	<input checked="" type="checkbox"/>
2. Have you fainted or had a head injury in the past 6 months?	Yes	<input checked="" type="radio"/> No	Disoriented	<input checked="" type="checkbox"/>	Restricted Mobility	<input checked="" type="checkbox"/>
3. Have you been seen by a doctor in the past 6 months?	Yes	<input checked="" type="radio"/> No	Intoxicated	<input checked="" type="checkbox"/>	Skin Rash	<input checked="" type="checkbox"/>
4. Do you wear glasses or contact lenses?	Yes	<input checked="" type="radio"/> No	Lesions	<input checked="" type="checkbox"/>	Jaundice	<input checked="" type="checkbox"/>
5. Do you have prosthesis, splint, crutches, cast or brace that you will need while here?	Yes	<input checked="" type="radio"/> No	Obvious Pain	<input checked="" type="checkbox"/>	Needle Marks	<input checked="" type="checkbox"/>
6. Do you drink wine, beer or whiskey? How often <u>occ</u> How much <u>occ</u> Last time <u>8 mths</u>	Yes	<input checked="" type="radio"/> No	Bruises	<input checked="" type="checkbox"/>	Swollen Glands	<input checked="" type="checkbox"/>
7. Have you had seizures or blackouts when you stop drinking?	Yes	<input checked="" type="radio"/> No	Fever	<input checked="" type="checkbox"/>	Active Cough	<input checked="" type="checkbox"/>
8. Do you use drugs? Type _____ How often _____ Last time _____	Yes	<input checked="" type="radio"/> No	Nausea	<input checked="" type="checkbox"/>	Vaginal/Penile Discharge	<input checked="" type="checkbox"/>
9. Have you had withdrawal problems when you stop taking drugs?	Yes	<input checked="" type="radio"/> No	Uses Tobacco	<input checked="" type="checkbox"/>	Dental Problems	<input checked="" type="checkbox"/>
10. Are you currently detoxing? If yes, from what substance? _____	Yes	<input checked="" type="radio"/> No	MEDICAL HISTORY (✓ terms that apply)			
11. Do you have any medical problems we should know about?	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Arthritis	<input checked="" type="checkbox"/>	Frequent Diarrhea	<input checked="" type="checkbox"/>
12. Have you been in this facility before?	Yes	<input checked="" type="radio"/> No	Diabetes	<input checked="" type="checkbox"/>	Genital Sores	<input checked="" type="checkbox"/>
13. Are you covered by medical insurance or a benefits program?	Yes	<input checked="" type="radio"/> No	Seizure Disorder	<input checked="" type="checkbox"/>	V.D.	<input checked="" type="checkbox"/>
MENTAL HEALTH			Asthma	<input checked="" type="checkbox"/>	Hepatitis	<input checked="" type="checkbox"/>
14. Have you ever been hospitalized or treated for psychiatric problem?	Yes	<input checked="" type="radio"/> No	Special Diet	<input checked="" type="checkbox"/>	HIV+	<input checked="" type="checkbox"/>
15. Have you ever considered or attempted suicide?	Yes	<input checked="" type="radio"/> No	Heart Condition	<input checked="" type="checkbox"/>	Tuberculosis	<input checked="" type="checkbox"/>
16. Are you feeling depressed or extremely sad?	Yes	<input checked="" type="radio"/> No	Hypertension	<input checked="" type="checkbox"/>	Persistent Sore Throat	<input checked="" type="checkbox"/>
17. Do you want to hurt yourself or someone else?	Yes	<input checked="" type="radio"/> No	Stomach Ulcer	<input checked="" type="checkbox"/>	Dental Problems	<input checked="" type="checkbox"/>
18. Are you hearing voices? If yes, what are they saying?	Yes	<input checked="" type="radio"/> No	Cancer	<input checked="" type="checkbox"/>	Surgeries	<input checked="" type="checkbox"/>
FEMALE INMATES ONLY			Sickle Cell Anemia	<input checked="" type="checkbox"/>	Chest Pain	<input checked="" type="checkbox"/>
19. Are you pregnant? LMP _____	Yes	<input checked="" type="radio"/> No	Emphysema	<input checked="" type="checkbox"/>	Jaundice	<input checked="" type="checkbox"/>
20. Do you use birth control? Type _____	Yes	<input checked="" type="radio"/> No	TB HISTORY			
21. Have you recently had a baby, miscarriage or abortion?	Yes	<input checked="" type="radio"/> No	Ever treated with TB drugs?	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	
Comments: (Explain "Yes" Responses)			Previous PPD test?	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	
<u>ENlarged</u>			Previous Positive Reaction?	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	
			If positive result:			
			When _____			
			Where _____			
			Chronic Cough/Blood	<input checked="" type="checkbox"/>	Fever	<input checked="" type="checkbox"/>
			Recent Weight Loss	<input checked="" type="checkbox"/>	Night Sweats	<input checked="" type="checkbox"/>
			Recent Appetite Loss	<input checked="" type="checkbox"/>	Fatigue	<input checked="" type="checkbox"/>
VITAL SIGNS			MEDICATIONS			
HT _____	WT _____	BP <u>118/70</u>	Current Medications:			
Pulse <u>76</u>	Resp <u>20</u>	Temp <u>98</u>	<u>NONE</u>			
DISPOSITION			ALLERGIES			
Referrals <input checked="" type="checkbox"/> None	Placement	Medication Allergies: Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>				
<input type="checkbox"/> Emergency Room (Pre-booking injury)	<input type="checkbox"/> Infirmary	Type: _____				
<input type="checkbox"/> Emergency Room (Acute condition)	<input type="checkbox"/> Detoxification Setting	Other Allergies: Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>				
<input type="checkbox"/> Physician	<input type="checkbox"/> General Population	Type: _____				
<input type="checkbox"/> Sick Call	<input type="checkbox"/> Other					

I acknowledge that I have answered all questions truthfully and have been told the way to obtain health services and consent to routine care provided by facility healthcare professionals. I understand that any medications not picked up within 30 days of release will be destroyed.

Inmate Signature:

Courtney Boyd

SCREENED BY:

[Signature]

DATE:

3-20-00

TIME:

REVIEWED BY:

DATE:

TIME:



HEALTH EVALUATION

I. HISTORY – (LPN or RN)

YES

NO

COMMENT(S)

 Weight Change (greater 15 lbs.)
 (Compare Weight Below)

✓

 140 2yr Ago
 Last weight at least 6 months ago

Persistent Cough

✓

Chest Pain

✓

Blood in Urine or Stool

✓

Difficult Urination

✓

Other Illnesses (Details)

✓

Smoke, Dip or Chew

✓

ALLERGIES

✓

NKOA

Weight 176# Temp 97° Pulse 84 Resp 16 Blood Pressure 110/70

If greater than > 140/60, repeat in 1 hour.

Eye Exam 20/5 OD 20/10 OS 20/5 OU

Refer to M.D. if remains > 140/90.

II. TESTING – (LPN or RN)

RESULTS

Tuberculin Skin Test (q yr)

Date given 2-24-06 Site LFA

Read on 3/2/06 Results 0 mm

 Past Positive TB Skin Test
 (Chest x-ray if clinical symptoms)

→

Survey Completed

Date Results

RPR (q 3 yrs)

Date 2-24-06 Results pending

EKG (baseline at 35; over 45 q 3 yrs)

Date 2-24-06 Results 11-05

Cholesterol (at 35 then q 5 yrs)

Date 12-04

Finger Stick Blood Sugar

Results 92

* If > than 200 repeat Finger Stick BS within 48 hours

Results

Optometry Exam (@ 50 if not already seen)

Date

Mammogram

Date Results

(females @ 40, q 2 yrs/other M.D. order)

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)

Heart

R/R

Lungs

cl bil

Breast Exam

Instructed

Rectal (yearly after 45)

Results

with Hemocult

Results N/A

Pelvic and PAP (q 1 yr)

Date

Results

Facility East Nurse Signature [Signature]

Date 2-24-06

M.D. or Mid-Level Signature [Signature]

Date 2/24/06

INMATE NAME

AIS#

D.O.B.

RACE/SEX

Boyd Courtney 20892 [Redacted] B/W



PRISON HEALTH SERVICES, INC.

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

~~Deborah Ethel Boyd~~ *mother*
 Name Relationship 284 - 7076
 4001 Edge Hill Ln
 Street Address Phone Number 374(284)-7076
 Montgomery City AL 36116
 City State Zip Code
~~Courtney Boyd~~
 Inmate Signature AIS# 20821 SS# [REDACTED] Date
 [Signature] 2-24-06
 Witness Date

INMATE NAME (LAST, FIRST, MIDDLE)	AIS#	D.O.B.	RACE/SEX	FACILITY
Boyd Courtney			B/m	East



PRISON
HEALTH
SERVICES
INCORPORATED

YEARLY HEALTH EVALUATION

I. HISTORY – (LPN or RN)

	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)		<input checked="" type="checkbox"/>	<u>+40</u> Last weight at least 6 months ago
Persistent Cough		<input checked="" type="checkbox"/>	
Chest Pain		<input checked="" type="checkbox"/>	
Blood in Urine or Stool		<input checked="" type="checkbox"/>	
Difficult Urination		<input checked="" type="checkbox"/>	
Other Illnesses (Details)		<input checked="" type="checkbox"/>	
Smoke, Dip or Chew		<input checked="" type="checkbox"/>	
ALLERGIES		<input checked="" type="checkbox"/>	

Weight 140 Temp _____ Pulse _____ Resp _____ Blood Pressure _____
 Eye Exam: 20/20 OD 20/20 OS 20/20 OU
 If greater than > 140/90, repeat in 1 hour.
 Refer to M.D. if remains > 140/90.

II. TESTING – (LPN or RN) RESULTS

Tuberculin Skin Test (q yr) Date given 12/17/04 Site DLFA
 Past Positive TB Skin Test → Read on 12/19/04 Results 0 mm
 (Chest x-ray if clinical symptoms) Survey Completed
 RPR (q 3 yrs) Date _____ Results _____
 EKG (baseline at 35, over 45 q 3 yrs) Date 12/17/04 Results 1-10-01 Borderline
 Cholesterol (at 35 then q 5 yrs) N/A
 Tetanus/Diphtheria (q 10 yrs) Last Given 3-20-00 Due 2010
 (if done today) Site given _____ Dose _____ Lot # _____
 Optometry Exam (@ 50 if not already seen) N/A
 Mammogram Date N/A Results _____
 (females @ 40, q 2 yrs/other M.D. order)

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)

Heart S. Sany
 Lungs EBBS clear
 Breast Exam N/A
 Rectal (yearly after 45) Results N/A
 with Hemocult Results N/A
 Pelvic and PAP (q 1 yr) Date N/A Results _____

Facility Station Nurse Signature _____ Date _____

M.D. or Mid-Level Signature [Signature] Date 12-17-04

INMATE NAME	AIS#	D.O.B.	RACE/SEX
<u>Bord, Courtney</u>	<u>208921</u>	<u>23</u>	<u>BM</u>



DEPARTMENT OF CORRECTIONS
NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Name Michael Tyler Relationship Brother
Street Address 41001 Edeg Hill Ln Phone Number 1334/ 284-7076
City Montgomery, AL State AL Zip Code 36116
Inmate Signature [Signature] Doc# 208921 S.S.# [Redacted] Date 12-17-04
Witness [Signature] Date 12/17/04

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	RACE/SEX	FAC.
<u>Boyd, Courtney</u>	<u>208921</u>	<u>[Redacted]</u>	<u>BM</u>	<u>Station</u>



DEPARTMENT OF CORRECTIONS

KITCHEN CLEARANCE PHYSICAL ASSESMENT

	YES	NO
ANY OPEN SORES OR RASHES ON HANDS, ARMS, FACE & NECK	_____	_____✓
TB TEST CURRENT	_____✓	_____
DOES PT. SHOW ANY OBVIOUS SIGNS OF ANY OTHER DISEASE	_____	_____✓

OTHER: _____

THIS PATIENT HAS BEEN INFORMED OF THE NEED FOR THE FOLLOWING:

PROPER HANDWASHING, NOT TO HANDLE FOOD WHILE SICK, SEEK MEDICAL EVALUATION WHEN NECESSARY AND TO NOTIFY THE DIETARY SERVICES SHIFT SUPERVISOR OF ANY ILLNESS.

MEDICAL AUTHORITY: *[Signature]* DATE: 12/17/04

I attest that the above statement is true to the best of my knowledge.

PATIENT SIGNATURE: _____ DATE: _____

EXPIRATION DATE: 2006

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC.
<i>Boyd, Courtney</i>	<i>208921</i>	<i>[Redacted]</i>	<i>BM</i>	<i>Station</i>

Alabama Department of Public Health
TB Division
RSA Tower/201 Monroe Street
Montgomery, Alabama 36130-3017

TB**Skin Test Report**

County Code <u>26</u>	Target Testing	PROJECT <u>7017</u>	CHR# <u>804921</u>
Last Name <u>BOYD</u>		MI	
First Name <u>COURTNEY</u>			
Patient Home Address <u>STATION</u>			
City	State	Zip Code	Home Phone
SSN: [REDACTED]	SEX: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Test Administered By: <input type="checkbox"/> TB Staff <input type="checkbox"/> PH Nurse <input checked="" type="checkbox"/> Other	Site Test: <input type="checkbox"/> Health Department <input checked="" type="checkbox"/> Other
Date of Birth: [REDACTED]	Race: <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> AI <input type="checkbox"/> A <input type="checkbox"/> AN <input type="checkbox"/> H/PI <input type="checkbox"/> O	ETHNICITY: Hispanic or Latino: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Reason Tested:	Health Care Worker Medical Risk Shelter Student Occupational	Foreign Born Homeless <input checked="" type="checkbox"/> Jail/Prison Not at Risk	Risk Categories: A B C
Contact to Case/Suspect: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
PPD ONE:		PPD TWO:	
Provider#:	Lot# <u>00234P</u>	Provider#:	Lot#:
Date of Test <u>12-17-2004</u>	Antigen AP TU	Date of Test - -	Antigen AP TU
Provider#:	Date Read <u>12-19-2004</u>	Provider#:	Date Read
Result <u>00</u> mm Not Read		Result - -	mm Not Read

Race codes: W-White; B-Black; AI - American Indian; A-Asian; AN - Alaskan Native; H/PI-Hawaiian/Pacific Islander; O-Other

ADPH-TB - 26/REV-12-2002

4739494381

TechCare**Annual Health & TB Screening Appointment***NaphCare*

3/21/2003

Name **BOYD,COURTNEY JAMES**DOC # **208921**Birth Date **[REDACTED]**Appointment Date **3/1/2003****Refused Appointment****TB Screening Data**Date Given **2/3/2003**Site Given **Left Arm**

Lot #

Nurse Administering **HD**Date Read **2/5/2003**Size in MM **0**Nurse Reading **HD**Previous Positive **No****Medical Data**Current Weight **132**Previous Weight **130**Height **NA****Blood Pressure**Recent Chest Pain **Yes**Kitchen Clearance **No**Productive Cough **No**Any Bleeding **No**Diabetic **NA**Diabetic Condition **NA**Prosthetic **NA****Emergency Contact Data**Name **MICHAEL TYLER**Phone **334-284-7076**Address **4001 EDEG HILL LN
MONTGOME AL 36116**

Reviewer Signature: _____

[Signature]
3/27

NAPHCARE

Annual Health and TB Screening for Inmates

Facility Bibb

Date Given: _____

Date Read 2-3-03

Site Given: _____

Size in M.M. health dept screening
0

Lot# _____

Nurse _____

Nurse _____

Note: Past Positives and conversions, use Assessment of Tuberculin status for PPD reactors form in addition to completing the bottom of this form.

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Current Weight 130Previous Weight 130B/P 108/80

Recent chest pain _____

circle
Yes or No

Kitchen clearance assess. done and attached _____

Yes or No

Productive cough _____

Yes or No

Any bleeding _____

Yes or NoEmergency contact Michael TylerPhone# 334-284-7076Address 4001 Edg Hill LnMontgomery, Alabama 36116Inmate signature Courtney BoydDate 3-5-03Witness signature E. SmithDate 3-5-03DOB [REDACTED] AGE 21 Race B SEX M SSN [REDACTED]Inmate Name Courtney BoydAIS# 208921

Handwritten note:
1/11/03
3/5/03

HEALTH EDUCATION
FOOD SERVICE WORKER GUIDELINES

HAIRNETS

1. Put hairnet on before washing hands.
2. Be sure to include all hair, especially bangs on the front of the head.
3. Do not touch hair or hairnet when handling food.

HANDWASHING

1. Turn warm water on.
2. Wet hands.
3. Lather hands with soap. Scrub at least 30 seconds.
4. Rinse off bar of soap. Replace in soap dish.
5. Rinse hands.
6. Dry hands with paper towels.
7. Turn faucet off with paper towels.

SICKNESS

Tell kitchen officer if you feel ill, or if you have diarrhea or a rash.

I have received education on handwashing and personal hygiene, and I understand the need for both, especially when handling food on kitchen detail.

Courtney Byrd #208921
Inmate Signature

3-5-03

Date

Nurse Signature

Date

NAPHCARE

Annual Health and TB Screening for Inmates

Facility ItatonDate Given: 3/1/02Date Read 3/3/02Site Given: LFASize in M.M. 0Lot# 4525G260Nurse BrickmanNurse MWdwin

Note: Past Positives and conversions, use Assessment of Tuberculin status for PPD reactors form in addition to completing the bottom of this form.

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Current Weight 139 Previous Weight 143 B/P 122/84

circle

Recent chest pain	Yes or <u>No</u>
Kitchen clearance assess. done and attached	Yes or <u>No</u>
Productive cough	Yes or <u>No</u>
Any bleeding	Yes or <u>No</u>

Emergency contact Michael Tyler Phone# (334) 284-7076Address 4,001 Edgehill Lane
Montgomery Al. 36116Inmate signature [Signature] Date 3/1/02Witness signature [Signature] Date 3/1/02DOB [Redacted] AGE 20 Race B SEX M SSN [Redacted]Inmate Name Boyd, Courtney AIS# 208921

PERIODIC HEALTH ASSESSMENT

I. HISTORY - (Nurse)

YES NO COMMENTS

Weight Change (>15 lb.)
(Compare Weight Below)

____ ✓

Last Weight at least 6 mo.'s.
ago: _____

Persistent Cough

____ ✓

Chest Pain

____ ✓

Blood In Urine or Stool

____ ✓

Difficult Urination

____ ✓

Other Illnesses (Details)

____ ✓

Smoke, Dip or Chew

____ ✓

ALLERGIES

____ ✓

Weight 143Temp. 97.7Pulse 80Resp. 20B.P. 120/80

Eye Exam:

Without Glasses

OD 20/20OS 20/20OU 20/20

With Glasses

OD _____

OS _____

OU _____

II. TESTING - (Nurse)

RESULTS

Tuberculin Skin Test (q yr.)
(chest x-ray if clinical symptoms)Date Given 3/6/01 Site L4D
Read On 3/9/01 Results 0 mm

RPR (q 3 yrs.)

Date 3/20/00 Results NR

Urine Dip (yearly)

Results Pro +30 Uro 1 Bil +

(Glu., Pro., RBC., WBC.)

5/3/01 Abnormal

EKG (baseline at 35, over 45 q 3 yrs.)

1/10/01 borderline

Cholesterol (at 35 then q 5 yrs.)

N/A

Tetanus/Diphtheria (q 10 yrs.)

Last Given 3/20/00 Due 2010

If Done Today:

Site Given _____

Dose _____

Lot # _____

Mammogram - (Annually - Females > 49)

Date Done N/A Results _____

III. PHYSICAL

RESULTS

Heart

RRR

Lungs

clear

Breast (q 2 yrs. p 30)

Date N/A Results _____

Rectal (yearly p 45)

Results N/A Hemocult _____

Pelvic and PAP (q 1 yr.)

Date N/A Results _____Inmate Name Beard, CourtneyAIS # 208921DOB 12-11-81Age 19Race BSex MSSN 423 11 4504Emergency Addressee Deanna ToakPhone # 3342847076Address 40001 Edgemoor Lane, Montz, ALFacility DecNurse Signature CH SmithDate 3/3/01Physician Signature Blayz MMDDate 3/13/01

1100

TUBERCULIN PPD FOR INMATES

INITIAL SKIN TEST	
Date Given: <u>3-6-01</u>	Date Read: <u>3/6/01</u>
Site Given: <u>LFA</u>	Size: <u>0</u> mm
Lot #: <u>CD148AA</u>	
Nurse: <u>N Woodward</u>	Nurse: <u>AH Smith</u>

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to TB testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Courtney
Inmate Signature

3-6-01
Date

N Woodward
Witness Signature

3/6/01
Date

INMATE NAME: <u>Beard, Courtney</u>	ID#: <u>208921</u>	RACE: <u>BM</u>	LOCATION: <u>DCC</u>
--	-----------------------	--------------------	-------------------------

CORRECTIONAL MEDICAL SYSTEMS
RELEASE OF RESPONSIBILITY

Boyd Courtney
Name of Inmate

3/3/01 12:15
Date/Time

208921 [REDACTED]
Inmate ID Number / Date of Birth

I hereby refuse to accept the following treatment/recommendations:

PPD shot afraid of (needles)

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Systems, its employees and agents from all responsibility and ill effect which may result from this action.

Courtney Bush
Inmate Signature

3/3/01 12:15
Date/Time

Alt Smith Jr
Witness

The aforementioned inmate has refused the listed medical treatment/recommendations and has refused to sign this form.

Witness

Witness

Date/Time

ALABAMA DEPARTMENT OF CORRECTIONS

PROBLEM LIST

INMATE NAME Boyd, Courtney AIS# 208921Medication Allergies: NKAMedical: Chronic (Long-Term) Problems
Roman Numerals for Medical/SurgicalMental Health Code: SMI HARM HIST NONE
Capital Letter for Psychiatric Behavior

Date Identified	Chronic Medical Problem	Mental Health Code	Date Resolved	Provider Initials
8/27/05	1/2 lower back pain since 2003			
	No Physical Assault			

**If Asthmatic label: Mild – Moderate – or Severe.

NKDA

Name:

Boyd, Courtney

Master Problem List

Date of Birth:

[illegible]

